



Dear PCIP Enrollee:

Welcome to the federally-run Pre-Existing Condition Insurance Plan (PCIP). We are writing to tell you about changes to your health coverage and the coordination services we offer to help manage your health conditions. In some cases, you or your health care provider must get our approval before we will pay for certain services.

Enclosed with this letter is a benefit transition summary that explains what you need to do if you are currently getting certain types of services. **Act quickly to make your first premium payment then follow the steps outlined here.**

We understand that you may already have some of these services and authorizations in place and we want to work with you and your providers to transition your care. There may be situations where a treatment plan is already in process. These will be evaluated on a case-by-case basis. We do not want to disrupt your care unnecessarily and we hope to work with you and your providers to make your transition as smooth as possible. Beginning June 17th, a team of nurses and specialists are available to help you or your provider in getting approval for any services that require preauthorization with dates of service after June 30th.

If you are currently receiving or planning to receive any of the services in the enclosed benefit transition summary, please ask your provider to pre-authorize, following the instructions in the summary. This may require your provider to re-authorize services that were authorized under a different PCIP plan. Preauthorizations will be accepted no earlier than June 17, 2013.

We offer the following information and services:

- A Health Advice Line available 24 hours a day, 7 days a week by calling 1-888-257-4342. Nurses are available to take your call and help you make health care decisions, such as whether you need to seek care immediately or make an appointment with your provider later.
- Telephonic follow up by a nurse after you're discharged from a hospital;
- Advice from a pharmacist regarding your medications; and
- Advice from our Resource Consultant about resources available to you in your community (e.g., transportation, meals on wheels).

If you have questions regarding your health or coordination of services, please call PCIP Customer service at (800) 220-7898, or visit www.pciplan.com for other helpful information regarding your health plan benefits.

Sincerely,
PCIP Care Management

Non-Surgical PCIP Benefit Transition Summary

If you are currently receiving any of the services named below and your need will continue past June 30, 2013 **OR** if you need to request new services after June 30, you or your provider must:

Contact PCIP Customer Service at (800) 220-7898 to inquire about benefits. To pre-authorize, follow the instructions in the table below. Your request will take 3-5 business days for completion.

Types of Services that Require Approval	What You or Your Health Care Provider Needs to Do to Pre-Authorize
Cancer Treatment – Non-surgical	If your treatment is already in progress, your provider must enter the current treatment into www.eviti.com . All new treatments or changes to your treatment require pre-authorization online at www.eviti.com . For assistance, please call Customer Service at (800) 220-7898, request or enter Ext. 3100, and select Option 1.
Diabetic Supplies	Purchase diabetic supplies through Express Scripts at (800) 427-6145. For assistance, please call Customer Service at (800) 220-7898, request or enter Ext. 3100, and select Option 3.
Durable Medical Equipment	<p>You must obtain your DME through a PCIP National Contract Provider. Prior Authorization is required on the services noted below. If you are currently renting medical equipment and will need it after 6/30/2013, your provider should call Customer Service at (800) 220-7898 to transition any rented DME to an approved provider. Please request or enter Ext. 3100 and select appropriate option for DME.</p> <ul style="list-style-type: none"> • Specialty wheelchairs and seating systems • Specialty beds and mattresses • Oxygen
Hospital – Inpatient Care Surgeries/Procedures Medical/Surgical/Mental Health Mental Health - Inpatient Care for Mental Health/Substance Abuse, including Residential and Intensive Day Treatment	<p>Authorization is required from InforMed for acute inpatient care. Ask your provider/hospital to call InforMed at (800) 242-1025 or Fax clinical information to (866)-315-6314.</p> <p>If you are in the hospital as of 6/30/2013, and your stay will continue into July, your provider must call InforMed to pre-authorize the continued stay. Certain surgeries require a medical necessity review. See the attached list of surgeries that require pre-certifications.</p>
	<p>If you have already received approval for a surgery or procedure on the attached surgery pre-cert list AND it will take place after 6/30/2013, your provider must obtain reauthorization by following the instructions in the surgery benefit summary table. Once the procedure is approved, your provider will need to contact InforMed to pre-authorize the inpatient stay.</p>

Types of Services that Require Approval	What You or Your Health Care Provider Needs to Do to Pre-Authorize
Prosthetics	<p>Authorization is required for prosthetics. To authorize, contact Customer Service at (800) 220-7898, request or enter Ext. 3100, and select Option 3.</p> <p>Authorization is <u>not</u> required for mastectomy bras and prosthetics (L8000-L8039) with a diagnosis of breast cancer or post mastectomy or lumpectomy, but you must purchase through GEHA contracted providers. Visit www.pciplan.com to find a list of providers.</p>
Prescription Drugs	<p>You can purchase prescriptions through Express Scripts/ Medco. To find participating pharmacies in your area, visit www.pciplan.com. Some medications may require approval. For assistance, call (800) 427-6145.</p> <ul style="list-style-type: none"> • Ask your physician to call Express Scripts/Medco mail services at (888) 327-9791 to obtain fax instructions. • Mail your new prescription to Express Scripts/Medco; PO Box 30493; Tampa, FL 33630-3493. • Submit a request to transfer your current prescription to mail order at www.express-scripts.com. • Contact Express Scripts/Medco customer service at (800) 427-6145 if you would like assistance with transferring your prescription. <p>NOTE: If you transfer a retail script to mail order, you will be charged the standard copay, whether it is a 30-day or 90-day supply.</p>
Specialty Drugs	<p>Specialty drugs are used to treat some severe medical conditions and are usually administered by injection or infusion. See Specialty Drug Benefits in the PCIP brochure at www.pciplan.com. To obtain these medications, contact Express Scripts/Medco/Accredo at (800) 803-2523.</p>
Radiology MRI, MRA, CT, PET, NC	<p>Authorization from MedSolutions is required. Please call (866) 879-8317.</p>
Skilled Nursing Facility (SNF), Long Term Acute Care (LTAC) and Inpatient Rehab	<p>Authorization from OrthoNet is required. Ask your provider to call OrthoNet at (877) 304-4419; Fax: 877-304-4409. For assistance, call Customer Service at (800) 220-7898.</p> <p>If you are in a SNF, Rehab or LTAC Facility as of 6/30/2013, and your stay will continue into July, your provider must call OrthoNet to pre-authorize the continued stay.</p>
Transplant – Cornea and Kidneys	<p>Authorization is <u>not required</u> for cornea or kidney transplants. Authorization from InforMed is required for hospital admission. Ask your provider/hospital to call InforMed at (800) 242-1025; Fax: (866) 315-6314.</p>
Transplant - Other	<p>Authorization is required for all other transplants. For assistance, call Customer Service at (800) 220-7898, ask for extension 3100 and ask to speak with a transplant nurse. The nurse will request contact information for your current transplant coordinator to initiate transition plans.</p>

Surgical PCIP Benefit Transition Summary

If you require any of the surgical services named below **OR** if you need to request new surgical services after June 30, 2013, you must:

Ask your Provider to contact PCIP Customer Service at (800) 220-7898 to inquire about benefits. To pre-authorize the procedures listed below, follow the instructions in the table.

For authorizations, allow 3-5 business days for materials sent by fax and 7-10 days by mail.

Types of Surgeries That Require Approval	What You or Your Health Care Provider Needs to Do to Pre-authorize
Back – (Spinal) Surgeries Spinal fusions, Multi-level spinal surgeries	Authorization from OrthoNet is required. Ask your provider to get an authorization form at www.pciplan.com . For assistance, call Customer Service at (800) 220-7898, request or enter Ext. 3100 and select Option 6.
Experimental/Investigation Surgery or Treatment	Authorization is required. Please ask your provider to fax medical records (including CPT codes) to (816) 257-3255. For assistance, call Customer Service at (800) 220-7898, request or enter Ext. 3100 and select Option 6.
Morbid Obesity Surgeries Gastroduodenostomy, Gastro-enterostomy, Gastrogastrostomy, Gastrojejunostomy without Gastrectomy, Inversion of gastric diverticulum, and repair of stomach.	Authorization is required. Please ask your provider to fax medical records (including CPT codes) to 816-434-4420. For assistance, call Customer Service at (800) 220-7898.